



City of Seattle  
 Department of Planning and Development  
 700 Fifth Ave, Suite 2000, P.O. Box 34019, Seattle, WA 98124-4019  
 Phone: (206) 684-8464 Fax: (206) 684-8113  
 Website: [www.seattle.gov/dpd](http://www.seattle.gov/dpd)  
 Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

## PERMIT APPLICATION

### Refrigeration

Work Site Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Activity Location: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

Occupancy: ☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: \_\_\_\_\_

WORK SITE OWNER/TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: (____) _____ Fax: (____) _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____	Seattle Refrigeration Contractor License #: _____ City of Seattle Bus Lic#: _____ Name: _____ Phone: (____) _____ Fax: (____) _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____

**NOTE:** All components external to the building must comply with Seattle Noise Ordinances SMC 25.08.410 and 25.08.420. Reference information at: [seattle.gov/dpd/enforcement/Noise\\_Abatement/overview](http://seattle.gov/dpd/enforcement/Noise_Abatement/overview)

☐ NEW INSTALLATIONS:

Compressor Type	Quantity
0 to 5 Horsepower	
6 to 25 Horsepower	
26 to 100 Horsepower	
101 to 500 Horsepower	
Over 500 Horsepower	

NOTE: Per section 122 of the IMC; Systems over 50 H/P require a City of Seattle Refrigeration Operating Permit when applicable.

<input type="checkbox"/> ALTERATIONS OR REPAIRS:	Value of Work: \$ _____
<input type="checkbox"/> TEMPORARY USE:	Number of Temporary Installations: _____
	Dates of Use: From: _____ To: _____

**Warning!**

The City of Seattle Mechanical Code requires all individuals or entities engaged in the installation of refrigeration equipment to have a valid City of Seattle Refrigeration Contractor License.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.	
Signature: _____	Date of Application: _____
Contractor or Owner (or Authorized Agent)	

#### PAYMENT & MAILING INSTRUCTIONS:

- ☐ Pay by Check Mail checks to: DPD, P.O. Box 34234, Seattle, WA 98124-1234  
☐ Charge my escrow (ADA) account # \_\_\_\_\_  
☐ Call me at (\_\_\_\_) \_\_\_\_\_ for a credit card number  
 Choose one of the following options: ☐ Mail Permit ☐ Mail & Fax Permit  
☐ Hold Permit for Pick-Up ☐ Mail & Email Permit to: \_\_\_\_\_

#### DPD USE ONLY:

Permit #: \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_